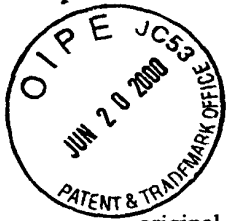


Docket No. **RECEIVED**
SEP 1 2000
TECH CENTER 1601 2611



**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: METHOD AND AGENT FOR DETERMINING AN ENZYMATIC ACTIVITY SUCH AS DESAMINASE

described and claimed in international application number PCT/FR98/02380 filed November 06, 1998.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French patent Application n° 97.14191 filed November 06, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494; and
Stephen J. Roe, Reg. No. 34,463.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Lyle ARMSTRONG		
		Given Name	Middle Initial	Family Name
2	Inventor's Signature	X <i>Lyle Armstrong</i>		
3	Date of Signature	X 26 th APRIL 2000		
		Month	Day	Year
	Residence:	NEWCASTLE UPON TYNE		GREAT-BRITAIN
		City	State or Province	Country
	Citizenship:	English		
	Post Office Address:	18 Lindale Road, Fenham		
	(Insert complete mailing address, including country)	NEWCASTLE UPON TYNE		

1 **Type** **written Full Name**
Joint Inventor

Arthur		JAMES	
Given Name	Middle Initial	Family Name	
X	26th	April	
X	2000.		
Month	Day	Year	

Residence:	NEWCASTLE UPON TYNE	GREAT-BRITAIN
	City	Country

(Insert complete mailing
address, including country)

NEWCASTLE UPON TYNE - NE2 1HR

Sylvain		ORENGA
Given Name	Middle Initial	Family Name

Given Name: Sebastian Middle Initial: O Family Name: Orange
 21 auri 2000 / 4 - 21 - 2000
 Month Day Year

Residence:	NEUVILLE SUR AIN		France
	City	State or Province	Country

(Insert complete mailing
address, including country)

01160 NEUVILLE SUR AIN

Given Name	Middle Initial	Family Name
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Month _____ Day _____ Year _____

Residence: _____

City	State or Province	Country
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Post Office Address:
(Insert complete mailing
address, including country)

Given Name	Middle Initial	Family Name
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Month _____ Day _____ Year _____

Residence: _____

City	State or Province	Country
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Post Office Address:
(Insert complete mailing
address, including country)

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.